

Los Alamos

NATIONAL LABORATORY



Main Badge Office: (505) 667-6901
Cleared Official Visitors: (505) 667-5587
Main Fax: (505) 667-1368
Classified Visits Fax: (505) 667-9194
Mail Stop B236
Email: badge@lanl.gov
Web: badge.lanl.gov

U.S. Visitor Badge Request

Note:

- Use this form for [classified](#) and [unclassified](#) visits by U.S. citizens.
- All U.S. citizens listed on this form must be coming for the same visit and have identical visit information.

Host Information

Point of Contact	Organization	Date of Request	Telephone	Fax #
Contact's Email Address	Name of Host	Host's Clearance Level	Host's Z#	

Host Signature Block

As the host of the visitors described below, I assume full responsibility for adhering to all DOE and Laboratory requirements. I will notify the Badge Office immediately if the visit terminates prior to the stated end date.

Host Signature *(The host must sign. No designees accepted.)*

Date

Box 1: Visit Information

Start date of visit	Expiration date of badge (<i>one year maximum</i>)	Picture badge requested (<i>required for visits > 10 days</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of visit (<i>be as specific as possible</i>)		
For classified visits only		If yes, give name of program or contract number below.
1. Is this visit in support of a reimbursable program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is this visit in support of a Phase III (or beyond) program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does this visit include a request for an ALDNW Blue Room tour? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, you must obtain prior approval (<i>call 667-9808 for approval</i>)
For unclassified visits only		If yes, give name of area to be printed on badge.
Is badge to be issued for use in a specific area? <input type="checkbox"/> Yes <input type="checkbox"/> No		(maximum of 6 characters including spaces)
Badges will not have a magnetic stripe unless specifically requested by checking below.		
Encode for: a. Property Protected/Open Only <input type="checkbox"/> b. Security Perimeter Areas (hand geometry enrollment) <input type="checkbox"/>		
Do not encode but please include magnetic stripe on back of badge. <input type="checkbox"/>		

Box 2: Visitor Information - Do not list cleared and uncleared visitors on the same form.

Visitor Name (Last, First, Middle)	SSN of Visitor	Employer	Clearance (U, L, Q, S, TS)	Access Requested* (level/category/ sigma)	Badge Office Use Only: Access Granted

* Sigma 1 covers Sigmas 1-10; Sigma 2 covers Sigmas 2-10;
Sigma 3 covers Sigmas 3-10; and Sigma 12 covers Sigmas 12-13.

Badge Office Use Only

Signature

Date

Continuation Page

Visit Dates: Start: _____ End: _____

Box 2: Additional Visitor Information - Do not list cleared and uncleared visitors on the same form.

[illegible]

* Sigma 1 covers Sigmas 1-10; Sigma 2 covers Sigmas 2-10; Sigma 3 covers Sigmas 3-10; and Sigma 12 covers Sigmas 12-13.

Badge Office Use Only

Signature _____ Date _____

(Signatures required on page 1 and below if continuation page is used.)

Host Signature Block

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Host Signature *(The host must sign. No designees accepted.)* Date